

# HLA NEWS

NATIONAL NEWSLETTER OF HEALTH LIBRARIES AUSTRALIA, A GROUP OF THE AUSTRALIAN LIBRARY AND INFORMATION ASSOCIATION • ISSN 1448-0840

## Online evidence use by clinicians in NSW

**Dr A. Sophie Gosling**, senior research scientist, Centre for Health Informatics, University of NSW and **A/Prof Johanna I. Westbrook**, evaluation program manager, Centre for Health Informatics, University of NSW report on the results of a two-year evaluation of the Clinical Information Access Program (CIAP). Johanna can be contacted by email – [j.westbrook@unsw.edu.au](mailto:j.westbrook@unsw.edu.au)

The CIAP website – [www.ciap.health.nsw.gov.au](http://www.ciap.health.nsw.gov.au) – was launched in NSW in 1997. The aim was to provide health professionals with 24 hour, 7 days a week access to online databases, textbooks, pharmaceutical information and clinical guidelines (Ayres and Wensley 1999). Since its initial launch, the CIAP has expanded to include over 600 full-text journals, resources for professional groups, and links to other websites. Provision of the CIAP was designed to encourage clinicians to base their practice on the best evidence available, by making this evidence more accessible at the point of care, allowing clinicians to access information in a timely fashion. Librarians have been a key professional group in this process. Many became 'CIAP representatives'; volunteers who agreed to promote and champion the CIAP to hospital staff. Training in database searching was increased and many actively promoted use of the CIAP. Others lobbied for the necessary hardware and

connectivity to increase accessibility. Librarians have strong representation on advisory committees pertaining to the development of the website.

After an initial period of consultation (Wyatt 2001), the Centre for Health Informatics was commissioned by NSW Department of Health to conduct systematic evaluation research to understand the value of providing the CIAP to clinicians. We used a multi-method research design, applying a range of quantitative (e.g. web log analysis, surveys, questionnaires) and qualitative (interviews and focus groups) methods, which has enabled us to 'triangulate' our data. Triangulation of data does not rely on one single form of evidence or perspective as the basis for findings. Multiple forms of diverse types of evidence are used to check validity and reliability of the findings. Although the same biases in evidence collection still come into play, because more types of evidence are being used there are more cross-checks on the accuracy of the final conclusions.

The four-stage evaluation, conducted over two years (2001-2002), aimed to answer three questions:

1. Do clinicians use online evidence and why?
2. What factors influence CIAP use?
3. What impact does the CIAP have on clinical practice?

### METHODS

The evaluation program consisted of four stages.

1. Web log analysis: An analysis of seven months of CIAP web-logs relating to the CIAP activity of the 55,000 clinicians (i.e. doctors, nurses, allied health and pharmacists) across NSW who have access was undertaken.

Continues on p4...

### Inside

- |  |   |
|--|---|
| • Exploring networks                   | 2 |
| • Online learning – the evidence trail | 4 |
| • Reports: Grants and Fellowships      | 6 |
| • The future of conferences            | 9 |

# Cast your net(work) further

A report from the Queensland Health Pathology & Scientific Services Library

**Think outside your normal networking group, and extend your boundaries through co-operative arrangements and partnerships with others. Even highly specialist libraries such as the Queensland Health Pathology & Scientific Services (QHPSS) Library can extend the range of services to their clients through co-operative arrangements with others. This article briefly outlines the unique range of services offered by QHPSS and subsequent limitations to traditional consortia and partnership approaches. We hope to demonstrate that libraries are never too unique to seek and establish effective partnerships with others by outlining the steps we took to establish co-operative arrangements with the Queensland Police Service Library.**

Queensland Health Pathology & Scientific Services (QHPSS) Library provides a comprehensive service to the staff of QHPSS whose roles include diagnostic pathology testing; public health surveillance support; maintenance of reference laboratory capability; forensic sciences; teaching, research and development; and engineering equipment maintenance.

Until recently, like many small libraries, our service was predominantly based upon the printed medium. In 1997, we launched an electronic library service, which provides access to all of our services including a range of online products for our clients, of whom a large number are remote.

QHPSS Library operates, like most libraries, with both financial constraints and finite resources. The decreasing budget and increasing workload is not a happy combination.

While consortia and partnerships are not new to health libraries, the difficulties for QHPSS Library is that we do not have a clinical health focus. Our clients' needs belong primarily within the arena of science, principally biomedical science, physics, chemistry, microbiology, public health and forensic science. And so, like many special libraries, we are extremely specialised and that seems to make partnering quite difficult. However, most libraries are never too unique to seek, and support, co-operative arrangements or partnerships with others and benefit from these arrangements.

While there are many examples in the library literature of advantageous consortia

arrangements within the health libraries domain, less formal arrangements such as partnerships and co-operative arrangements present a viable avenue for smaller or more unique libraries, and are often more beneficial. By way of example, described below are the steps taken to establish co-operation between QHPSS Library and the Queensland Police Library.

“  
Think outside your  
normal networking group,  
and extend your  
boundaries through  
co-operative  
arrangements and  
partnerships  
with others  
”

Recently, a new online product was launched by the publisher CRC – ForensicNetbase. After trialing this product, with extensive use by our forensic scientists, we determined that it would be a valuable addition to our electronic collection. ForensicNetbase, while corresponding to our needs, unfortunately has little relevance to most other health libraries.

The challenge then was to locate other libraries which would also benefit from access to ForensicNetbase. We initially

approached two other libraries with the details of the product and contact details for setting up trials. One of the libraries, the Queensland Police Library, agreed to trial ForensicNetbase and as a result was keen to participate in a consortium style purchase. Together, we approached the publisher to discuss options for a shared purchase. Unfortunately, as there were only the two libraries interested we were unsuccessful in negotiating a consortium purchase, however the publisher was especially obliging and gave us individually an excellent price and broader subscription terms than we had requested. QHPSS Library has just made ForensicNetbase available statewide to all of our clients, and Queensland Police is in the process of enabling the subscription for their clients.

In conclusion, while we didn't manage to organise a true consortium purchase, we were successful in achieving much better value for money on each of our individual subscriptions, paving the way for future co-operation between the Queensland Police Library and Queensland Health Pathology & Scientific Services Library.

## Going to Adelaide?

**Don't miss Linda Watson, immediate past president of the Medical Library Association. She will deliver the health keynote address – *PubMed and PubMed Central: recent and future developments* – at 9 am on Tuesday 26 August.**

# Online learning ... the evidence trail



Bronia Renison from Townsville Health Library reports on Queensland Health's interactive, flexible online learning program in evidence-based practice, launched in May 2003.

Photo reproduced with kind permission of JCU

EBP Online Learning is a major project within the Queensland Health Clinician Development Program, developed in partnership with Med-E-Serv and the University of Queensland Centre for Evidence-Based Practice. The principal authors are Paul Glasziou and Sandi Pirozzo, while Med-E-Serv contributes significant expertise in online services and education for the health sector. EBP Online is hosted by Med-E-Serv, external to the secure Queensland Health intranet, and is accessible via links from both an intranet page and from home via the external website. A valid payroll number and password are required for access.

There are fifteen modules in two streams, one teaching clinicians skills to apply to their own practice, the other focusing on the development of clinical practice guidelines, ultimately for publication on the intranet. The streams have many common modules, which may be studied in any order. The student's progress is automatically mapped, with system-generated messages and congratulations appearing at appropriate stages.

Modules may comprise a pre and post test, didactic content, downloadable tip sheets, work sheets, exercises and discussion rooms. A facilitator is assigned to monitor and encourage participation in the discussion. Some personalised messages may be posted (eg. "I'm going on leave for three weeks, your locum facilitator is..."). There is also an online forum for facilitators to discuss program content and promotion, technical issues, etc.

The clinical practice stream starts with EBP basics, steps through preparing the clinical question (ie PICO formulation), uncovering the evidence, critical appraisal and finally applying the evidence at the patient interface. Most facilitators are clinicians, but several Queensland Health librarians were invited to monitor the literature-searching module, which is offered at both 'basic' and 'a little more advanced' levels. Medical Education Officers are also recruited for

appropriate modules. The cost of initial training and ongoing involvement of all facilitators is not borne by their home District but by the project. This critical decision has ensured the participation of busy clinicians who are committed educators, especially those located outside the Brisbane metropolitan area. Reimbursement of one day's salary per month is an excellent incentive for a facilitator to check the discussion rooms every two to three days as instructed!

Prelaunch word of mouth promotion attracted over 400 students, with 25% completing at least one module. More have signed up since the launch, but it will be some time before Clinical Practice Guidelines start appearing. Project leaders are pursuing external recognition of the program.

How good is the program? The software proved to be mostly intuitive – a pleasant surprise – but students may on occasion become lost in the nested structure. In the literature-searching module, it is easiest to do the exercises with two browser windows open (one for the module, one for Medline) and this can be a problem for the computer-challenged clinician who is nevertheless serious about EBP. In this module, a little prior consultation with a librarian would have prevented a few clangers and small confusions in the content. The program authors modified Haynes' evidence pyramid: Systems at the peak is underpinned by Clinical Practice Guidelines, Systematic Reviews, then Studies, with Patients at the base. Generic search techniques are described as well as those appropriate for the Clinicians Knowledge Network resources (ie. CIAP clone).

I believe some clinicians (and librarians) will always prefer face to face presentations on EBP, especially when critical appraisal is undertaken. EBP Online Learning caters for staff amenable to e-learning, encourages extended study and helps redress the disadvantage for remote and rural staff. Also - it's free!

*Bronia Renison*

The CIAP report continued ...

- Quantification of use of the different knowledge resources by Area Health Service and hospitals was carried out (Westbrook and Gosling 2001).
- Case studies: Three hospitals were selected for an in-depth study of factors influencing use. Low and high use hospitals as identified by the web log analysis were selected from rural and metropolitan areas. Interviews, focus groups (n=61) and surveys (n=200) were conducted with staff (Gosling, Westbrook et al. 2003; Gosling, Westbrook et al. 2003)
  - State survey: 5,511 clinicians from 65 randomly selected hospitals were surveyed about their awareness, use, access, resources used, attitudes towards use and impact on their clinical work (Gosling and Westbrook 2002).
  - Impact measurement and economic value: Two methods for assessing the impact of the CIAP on clinical practice were pilot tested. 29 doctors and clinical nurse consultants were interviewed using an adapted critical incident interview (Lindberg, Siegal et al. 1993) and the 'journey mapping' interview (Kibel 1999). (Gosling and Westbrook 2003)

Each stage of the evaluation informed the next, enabling hypotheses to be tested in different ways. For example, during the second stage where interviews and focus groups were conducted, the perceived support of managers and colleagues appeared to be influencing effective use of the CIAP. We tested this hypothesis by adding in some specific questions in the state survey to address these attitudes and to see if this association was present in a larger, more representative sample of clinicians.

## RESULTS

The evaluation produced detailed results from each stage of the evaluation. The main points are reported here. Further details can be obtained from the in-depth evaluation reports and papers in the reference list.

### Do clinicians use online evidence and why?

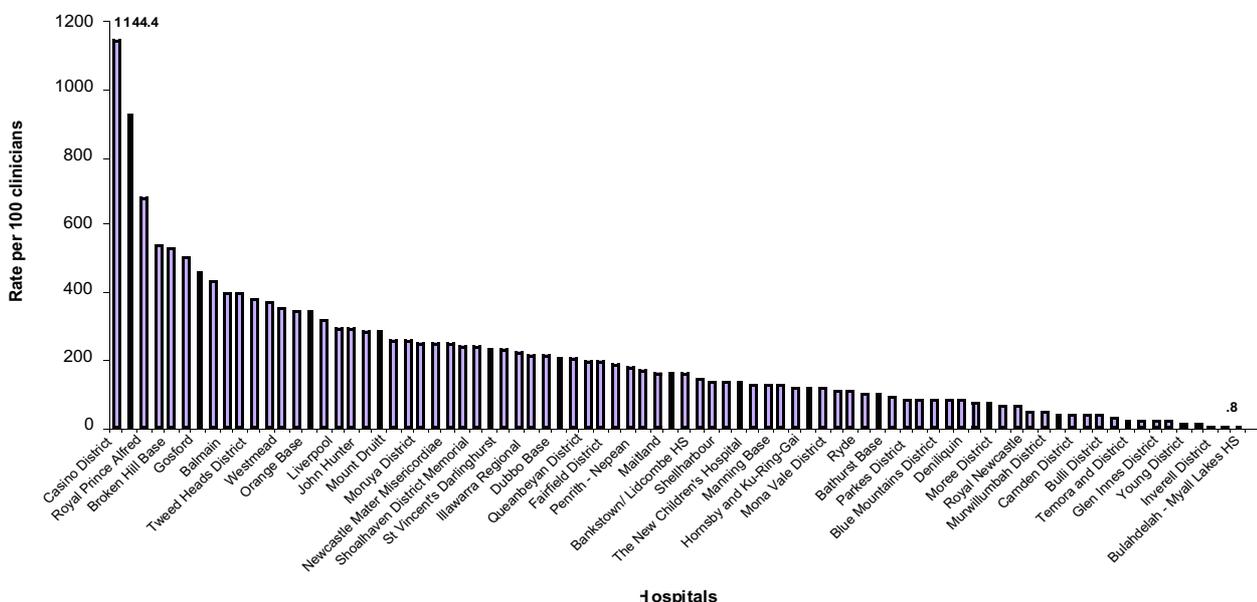
The evaluation provided a range of evidence to show that clinicians are using the CIAP (from the web log analysis and the state survey). In the survey, 63% (n=3471) of respondents had heard of the CIAP; of those, 75% (n=2592) reported using it. Doctors appear to be the greatest users. CIAP use is reported by clinicians to be related to patient

care and patterns of use derived from the log analysis support this assertion. Data from interviews and focus groups in stages 2 and 4 and the state survey indicate that evidence accessed is used to assist clinical decision-making and results in improvements in patient care and outcomes. The CIAP is also important in supporting professional development and the continuing education activities of health professionals.

### What factors influence CIAP use?

Considerable variation in CIAP use was found (see figure 2). The hospitals with the greatest use ranged in size, location and type. Therefore, factors affecting use were not immediately apparent. We found that three central categories of factors influenced use, namely professional, organisational and team factors. Technical issues such as access to computers were also important, but once reasonable access was in place, the social and cultural factors were found to be the most discriminating in determining CIAP use. In hospitals where use of the CIAP was encouraged and promoted and where clinicians worked in innovative teams that supported the application of evidence, use was both more frequent and more likely to be related to patient care (case studies and survey data).

Figure 2 – Monthly rate of non-OVID sessions  
October 2000 to February 2001  
(n=619,545)



NB only every second hospital is shown

## What impact does the CIAP have on clinical practice?

Evidence from all four stages indicated that use of the CIAP contributes to improving patient care. A significant number of clinicians use the CIAP to support their clinical work and many report direct experience of its use improving patient care (69% of pharmacists, 55% of doctors, 44% of allied health staff and 32% of nurses who had used the CIAP in the state survey). The interviews and focus groups conducted in the case studies and in stage 4 produced many specific examples of the CIAP being used in clinical practice. Unexpected impacts were identified by clinicians such as the availability of the CIAP increasing the number of answers clinical questions sought and becoming more evidence-based. Dissemination of information found on the CIAP to colleagues was common (90% of clinicians interviewed), indicating that the impact of use was not just for the clinician using the CIAP. Specific clinical impacts included diagnosis and treatment decisions, patient education and policy/guideline development and

### FURTHER READING

All the CIAP evaluation reports are available in electronic form on the Centre for Health Informatics website ([www.chi.unsw.edu.au](http://www.chi.unsw.edu.au))

### REFERENCES

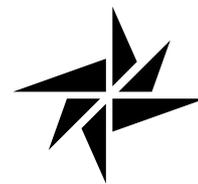
- Ayres, D. and M. Wensley (1999). "The clinical information access project." *Medical Journal of Australia* 171: 544-546.
- Gosling, A. and J. Westbrook (2002). Clinicians' awareness and use of online resources: A survey of 5,511 clinicians' use of the Clinical Information Access Program (CIAP). Sydney, University of New South Wales: 1-19.
- Gosling, A. and J. Westbrook (2003). Pilot study of methods to assess the impact of the CIAP on clinical practice and its economic value. Sydney, Centre for Health Informatics, University of NSW: 1-67.
- Gosling, A., J. Westbrook, et al. (2003). "Clinical team functioning and IT innovation: A study of the diffusion of a point-of-care online evidence system." *Journal of the American Medical Informatics Association* 10(3): 246-253.
- Gosling, A., J. Westbrook, et al. (2003). "Variation in the use of online clinical evidence: a qualitative analysis." *International Journal of Medical Informatics* 69: 1-16.
- Kibel, B. (1999). *Success stories as hard data: An introduction to Results Mapping*. New York, Kluwer Academic/Plenum Publishers.
- Lindberg, D., E. Siegal, et al. (1993). "Use of MEDLINE by physicians for clinical problem solving." *Journal of American Medical Association* 269(24): 3124-3129.
- NSW Health EHR working group (2002). NSW Health Strategy of the electronic health record: Report of the health information management implementation coordination group. Sydney, NSW Health Department: 1-20.
- Westbrook, J. and S. Gosling (2001). Utilisation of the Clinical Information Access Program (CIAP) in NSW: A web log analysis. Sydney, Centre for Health Informatics, University of NSW: 1-73.
- Wyatt, J. (2001). Developing an evaluation methodology for the NSW Health Clinical Information Access Program (CIAP). Sydney, NSW Health: 32.

updating. About 25% of these examples had identifiable quantifiable improvements in health outcomes.

### CONCLUSIONS

Evidence from the evaluation of the CIAP indicated that it is a valued and used resource. The CIAP is being used for clinical work, continuing personal education and is influenced by professional, cultural and organisational factors. There was considerable variation in use between hospitals and professional groups.

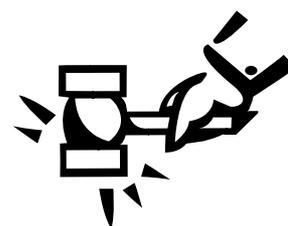
Promotion of an evidence-based approach to healthcare is a priority of the NSW Department of Health (NSW Health EHR working group 2002) and the CIAP is an important component of this strategy. Recommendations from the evaluation were made to the NSW Health committees overseeing the CIAP, these have been endorsed and many have been implemented. There has also been widespread dissemination of the results of the evaluation, at local, state, national and international levels.



notice of meeting

# HEALTH LIBRARIES AUSTRALIA

GENERAL MEETING



**Tuesday**  
**26 August 2003**  
**3.00 to 3.45pm**  
**Adelaide**  
**Convention Centre**

1. Present
2. Apologies
3. Report from the HLA Executive
4. Report on future conferences (see item p9)
5. Standards for Health Libraries
6. Regional/State Liaison Co-ordinators (see item back page)
7. 2004 HLA Executive Committee
8. Awards
9. Business without notice

# Research Grants

**Terena Solomans urges health library and information professionals to not be backward about applying for research and study grants**

**There are a number of opportunities for health librarians to travel, network and learn professionally: there's the MLA's Cunningham Fellowship, the Anne Harrison Award and VALA travel scholarships.**

The opportunity to travel, to learn about new technology and gain experience writing a conference paper was presented to me when I was awarded the Victorian Association for Library Automation (VALA) travel Scholarship. VALA award up to 2 biennial scholarships worth \$12,000 "for persons intending to undertake overseas travel to explore development in the application of information technology in libraries and information services". Details about the scholarship is available from the VALA website [www.vala.org.au](http://www.vala.org.au)

The VALA travel scholarship has been around for quite some time. I remember thinking of applying for the travel scholarship when I lived in Brisbane back in 1996 but just couldn't think of an interesting enough project topic to research.

In August 2002 I read an e-mail on the cybrarians listserv advising that the deadline for the VALA travel scholarship was being extended by a week. I thought to myself 'hmmm maybe not too many people have applied' which sparked me into action. I spent three long nights doing research on the Internet and putting an application together that included project goals and objectives, a project timetable, a budget and a travel itinerary. (I remember spending \$11.00 to Platinum Post it from Perth to Melbourne in time for the extended deadline. Good tip for if you want to get a package across the country fast!)

My project was to research the use of PDA's (Personal Digital Assistants) by North American medical libraries. The aims and objectives of the project were:

- To investigate the approaches being made by medical libraries in North America to develop, manage and implement handheld computer technology

- for their healthcare professional clients
- To examine the impact PDA's are having on the practice of librarianship
- To compare and contrast the advantages and disadvantages of the various PDA operating systems available
- To visit libraries which provide clinical information resources to health professionals on hand-held devices
- To gain an understanding of the technical aspects of PDA's and the issues relating to licensing of content
- To establish networks with colleagues who use PDA's

## THE IDEA TO RESEARCH PDA'S

Where did I get the idea to look at PDA's? I manage the medical library at the Hollywood Private Hospital in Perth and had seen doctors using these tiny computer gadgets in the library and on ward rounds. I recall attending a Urology meeting and two of the urologists beaming information to each other via their PDA's and thought to myself 'I need to keep up and start learning a bit more about these new fangled things!'

A library colleague of mine who worked on an e-book project in Queensland forwarded me an e-mail off an e-book listserv about a PDA project two libraries in Peoria, Illinois were working on.

The OSF St Francis Medical Centre Library and the University of Illinois Health Sciences Library in Peoria received a US\$50,211 LSTA grant from the Illinois State Library to purchase PDA hardware, software, licensed clinical content and to



Karen Joc (Qld Uni) and Terena Solomans in front of the 1000 bed floating hospital – USNS Mercy Hospital Ship.

provide training to clinicians. Their very comprehensive report titled *Point of Care to their Palms : Medical Libraries Provide Critical Knowledge-Based Resources, Technology and Training to Medical Professionals* (available on the Internet at <http://library.osfsaintfrancis.org/PDAGRANT/shortfinal.htm>) provided much food for thought for my application. It was from their report that I found out about the Medical Libraries Association (MLA) Conference being held in San Diego and other PDA projects happening in the States.

My decision to visit the University of Alberta in Canada was based on an e-mail Denise Koufogninnakis had posted on the Canmedlib listserv about PDA training they were running at their library. A big thank-you to the librarians who filter messages from CanMedLib and MedLib lists for the Aliahealth listserv.

## MY TRAVEL ITINERARY

In early May 2003 I attended the MLA Conference in San Diego. I participated in two of the Continuing Education workshops: a PDA introductory session facilitated by Mari Stoddard and PDA Medical Applications and Content for Librarians ([www.mlanet.org/am/](http://www.mlanet.org/am/))

am2003/ce/572.html) facilitated by Jo Dorsch and Karen Heskett, whom I was later visiting in Peoria.

The MLA Conference was just HUGE compared to any conference I'd ever attended in Australia. There were over 2000 delegates, mostly from America though a good representation from other parts of the world. There were two other Australian librarians at the MLA ; Karen Joc from Queensland University and Saroj Bhatia from Canberra Hospital Library, who was in America on the Cunningham Fellowship.

One of the highlights of visiting San Diego was a tour of the USNS Mercy Hospital Ship. Marilyn Schwartz, manager of the Naval Medical Centre Library, organised for a group of army hospital librarians (plus Karen Joc and I) to do a tour of the USNS Mercy Hospital Ship which was in service during the Gulf War. The ship is a fully operational one thousand bed hospital complete with twelve operating theatres, an intensive care unit, the usual medical and dental services plus a library!

From San Diego I flew to Peoria in Illinois, where I spent a week visiting the two libraries who had received the LSTA grant – the St Francis Medical Centre Library and the University of Illinois Health Sciences Library in Peoria. The library staff were very hospitable and welcoming, inviting me to their homes for a BBQ and a pizza night. Carol Galganski, library manager at the hospital library organised a schedule for me to meet with pharmacists and physicians who use PDA's in their clinical practice and to observe one on one PDA training sessions with clinicians.

One of the physicians I met was Dr Nace, the webmaster of the Doctors Page. Check out the medical humour links from his page

– <http://www.doctorspage.net/>

An article about my visit to the St Francis Library is on the web at <http://library.osfsaintfrancis.org/Newsletters/june2003rev3.pdf>

While in Illinois, I visited the Blessing Hospital Library in Quincy, a small town 200 kilometres west of Peoria on the Mississippi river. Artis

Dittmer, the library manager, had received a \$5000 National Library of Medicine grant to explore the role of handheld devices for clinical instruction of nursing students and to explore the role of the library in supporting these devices. While visiting her library, the hospital's PR manager organised for the local television and radio station to interview me. An Aussie librarian visiting Quincy was a novelty!

In Chicago I visited Sandy DeGroot at the University of Illinois Health Sciences Library. Sandy had applied for and received another National Library of Medicine grant to run a "technology awareness" program, teaching sessions to public health staff.

From Chicago I flew to Canada and spent a week and a half in Edmonton visiting the University of Alberta's John W Scott Health Sciences Library (<http://www.library.ualberta.ca/>) and attending the Canadian Health Libraries Conference (<http://www.chla-absc.ca/2003/program.html>) as well as the Evidence-Based Librarianship Conference (<http://www.asebl.ualberta.ca/>)

At the CHLA I met up with Rhonda Mayberry from Fremantle



Acting Surgeon! Terena in one of the 12 operating theatres on the Mercy Hospital Ship (don't worry it's not a real patient!)

Hospital (who was in Canada on long service leave) and at the EBL Conference I met up with Melanie Kammerman from the Royal North Shore Hospital in Sydney and Helen Partridge from Queensland Institute of Technology – it's amazing that no matter where you travel in the world there's always another Aussie around! Good to see.

## HIGHLY RECOMMENDED

The VALA travel scholarship has been a fantastic learning opportunity. I will be presenting a paper about my PDA study at the VALA Conference in February next year in Melbourne – and using the PDA to present from.

As far as I'm aware, I am the first health librarian to have been awarded a VALA scholarship and would encourage fellow colleagues to apply to pursue research into new technologies that can benefit our profession.



Evidence Based Librarianship Conference Banquet. L-R : Andrew Booth, Ellen Crumley, Terena Solomons, Denise Koufognakkis, Randy Reinhard, Melanie Weger.

Have you considered making a  
**donation**  
or bequest  
to the  
**Anne  
Harrison  
Trust  
Fund?**

Contact Anne Batt for details – email:  
[annebatt@git.com.au](mailto:annebatt@git.com.au)

Saroj Bhatia shares her experiences of her 2003

# Cunningham Memorial International Fellowship

**Every year the Medical Library Association (MLA) provides a four month fellowship for one medical librarian from countries outside the USA and Canada to observe their health sciences libraries. My main objective in applying for this fellowship was to visit and experience US academic medical libraries. I wanted to see the use of information technology and its new trends, so it will help me to come back and establish new resources for my organisation and new medical school.**

My main host libraries where:  
University of Chicago, IL;  
Biomedical Library, San Diego, CA;  
Loma Linda University Medical Center, Loma Linda, CA; Coastal AHEC Health Sciences Library, Wilmington, NC; National Library of Medicine, Washington DC; Texas Medical Centre Library, Houston; and the Medical Library Association Conference, San Diego.

## Interactive learning

During this time I visited various small and large academic medical libraries, attended training workshops, conferences, meetings and talked to many colleagues in the library, IT, and multimedia profession. The MLA staff organised this program very well and I enjoyed my experience by walking, talking and learning with people. I gave presentations to all my host libraries – it was interactive learning for me.

## Consumer information

Consumer Information attracted me most in the US medical libraries. Northwestern Health Learning Center, Chicago is good example of setting up a consumer health library. NLM's MEDLINEplus has become a great resource for patients and physicians. The new project called MEDLINEplus Prescription will be a big hit with doctors, dentists and other health professionals. By accessing this web site, they and their patients can access evaluated information on disease or drugs.

## Inter-library loan

ILL through web delivery is a great success in some medical libraries. Posting on the web makes life easier and quick. Use of big scanners and software such as Relles and Ariel can save staff time and money. This whole process used to be intensely dependent upon staff time.

## E-journal management

E-journal management has taken a further step. Big academic medical libraries are using tools such as Serial Solutions, TDnet, and SFX to manage their e-journals. E-journal management is still a gray area – it is hard to manage various vendors, publishers and broken

links. I did compare some of these tools for the Texas Medical Center Library and learned about them in greater depth.

## PDA use

PDA use in clinical settings was another learning project for me. Some of the libraries such as the University of Chicago, Duke Medical Centre, and National Library of Medicine are doing different projects and training in PDA use. I talked to various clinicians, librarians, and PDA gurus. NLM has produced a PDA version of PubMed, which can be searched, will not take much space and can be used near the patient's bedside. Doctors often prescribe medication after seeing a patient. But what if that doctor also wants to direct the patient to up-to-date, reliable, consumer-friendly information about a health concern?

We are also doing a trial in the ACT Health Library and talking to these colleagues helped me to clarify many concepts.

## Library outreach programs

I attended the AHEC, NC conference in Winston Salem and their outreach program impressed me. This program offered information to rural hospitals, private physicians, nurses and other health organisations. These libraries are part of a solid statewide network and their training programs help to provide outreach services. Their digital library program gives desktop services to many nurses and doctors in rural areas.

## Historical collections and digitalisation

History of medicine collections and digitalisation of collections in some medical libraries is great. NLM image database, Profiles in Science, and some of their projects give access to very old and rare collections. Use of technologies in these resources makes a clear path to the future. Some special collections are so rare that it is big asset for the library. Preservation labs are attached to these rare collections.

## Multimedia laboratories

I saw excellent examples of setting up Multimedia labs,



Saroj Bhatia with Linda Watson at the MLA Conference in San Diego

computer training rooms, and group study rooms. CLICK at University of California, San Diego is great for undergraduate students. It has 200 computers with discussion and study rooms, where students can do their coursework outside the library atmosphere. It is a good example of future libraries.

## Planning and management of library buildings

Next year we are extending our library as a part of the new medical school, so it was a big help talking to the US libraries such as NLM, San Diego Biomedical Library, University of Houston Library, and UCLA. These libraries are in the process of getting new buildings or extensions. I talked with colleagues who are involved in building projects and discussed new concepts of future libraries. I also saw good examples of renovation at Northwestern Medical Library, Chicago.

Beside libraries, I visited some professional health organisations such as the American Hospital Association and Medical Library Association.

Since coming back to Australia, I have initiated projects based on my US experiences, such as using a scanner to provide ILL delivery through the web, installation of a self-check system for borrowing 24 hours a day/7 days a week, and established the Clarinet Systems' infrared technology which allows PDA's network connectivity without expensive software and hardware. Users and medical students can beam free and subscribed resources and other information.

# To be or not to be?

While the Specials, Health and Law Librarians' Conference (SHLLC) has long been our premier conference, it would appear that events have transpired that make the 2003 SHLLC the last of its kind. The financial risk associated with underwriting a large number of 'big event' conferences, and the increasing burden on trade and sponsors, led the ALIA Board of Directors to determine in late 2001 to reduce the number of conferences being supported.

In addition, the Australian Law Librarian's Group, which has held a number of very successful symposia, question aspects of their involvement in the SHL conference and the Special Librarians' Group no longer operates at the national level. Against this background, the Health Libraries Australia Executive Committee sought the opinions of members and non-members in May 2003 with regards the future of health library conferences.

Opinions were solicited by way of a survey, which was posted to various electronic discussion lists across Australia, and made available on the ALIA web site.

The principal results of the 129 responses (n=129) are listed below. The survey elicited considerable more data than is possible to present here so a full report will be available on the ALIA web site in the coming weeks.

Given the resounding response that conferences should continue, the HLA Executive will seek to establish a conference organising committee as soon as possible, after which, planning should begin in earnest.

**Q1 Do you think that HLA should hold a conference/symposium?**

Yes	123 (95%)
No	6 (5%)

**Q2 If HLA were to hold a conference/symposium should it be held annually or biennially?**

Biennially	104 (81%)
Annually	22 (17%)
N/A response	3 (2%)

**Q3 Should HLA conferences/symposia be held independent of other conferences or pre- or post another conference?**

Independent	65 (50%)
Pre or post	51 (40%)
N/A response	13 (10%)

**Q4 How long do you think HLA conferences/symposia should be, including hands-on CPD events?**

2 days	62 (48%)
3 days	52 (40%)
1 day	11 (9%)
Other	3 (2%)
N/A response	1 (1%)

**Q5 What proportion of the conference program would you like to see devoted to hands-on CPD?**

33% CPD	59 (45%)
50% CPD	32 (25%)
25% CPD	32 (25%)
Other	3 (2%)
0% CPD	2 (2%)
N/A response	1 (1%)

**Q6 Which part of the week would you prefer HLA conferences/symposia be held?**

Weekdays, adjacent to weekends	95 (74%)
Midweek	19 (15%)
N/A response	8 (6%)
Weekends	7 (5%)

**Q7 Where do you think HLA conferences/symposia should be held?**

Rotated among capital cities	98 (76%)
Other	23 (18%)
Same place each time	7 (5%)
N/A response	1 (1%)

**Q8 Which model would you prefer HLA conferences/symposia to follow? (This question put forward two models for consideration - see below. Respondents also had the option to propose an alternative model).**

Model A	50 (39%)
Model B	65 (50%)
Other	11 (9%)
N/A response	3 (2%)

**Model A** – Similar to the existing Specials, Health & Law conference model where plenary sessions are followed by papers grouped around a number of diverse topics and continuing professional development workshops are held as satellite events, or

**Model B** – Organised around one, maybe two main topics. Papers would be delivered by subject experts and immediately followed up with related hands-on / interactive workshops

Other 'models' put forward included:

- Plenary sessions on diverse topics, with workshops available at selected sites at a later date.
- Combination of model A & B. Essentially plenary sessions followed by papers on diverse topics. Workshops and CPD activities are scheduled after plenary and contributed speaker sessions - not as satellite events.
- I think model B is good but with poster sessions so colleagues can be alerted to each other's innovative projects.
- Hands on sessions that address identified CPD needs.
- Variation on model B - focus on a topic, 25% CPD, 50% presentations (combination of local & imported expertise), 25% outcome of some work undertaken at the time
- As for model B but with wider range of topics. I like the idea of theory immediately followed by hands-on session.
- Along the same line as model B except each person who presents a paper also includes related hands on/interactive activities.
- I like the idea of a spread of topics, but then also want one theme fully developed into a workshop topic: maybe 2 diverse [days], then 1 day workshop
- A mix of model A and B so that professional development isn't satellite. Also, should we stick to things that are unique [to health]?
- Mixture of models A&B. Posters for case studies (i.e. "this is what we did in our library"); need one or two topics where skill base can really be developed through theory and practice and participants leave with something they can take back to the workplace; also need diverse topics to stretch mind in a number of directions, i.e. expose new trends, update existing knowledge.

# WANTED – Co-ordinators

## HLA regional/state liaison co-ordinators

During the last two years great opportunities have been recognised under the new ALIA group structure. Strategically a national group is better serving libraries and information professionals in the health and biomedical sector. However, while supportive of the national group, both the Executive and members have noted that sustained and structured local activity has not been as strong as it was under the state-based structure and that the lines of communication between the National Executive and HLA members need to be strengthened.

In order to address these issues the HLA Executive is seeking interested LIS professionals to become Regional / State Liaison Co-ordinators. While Liaison Co-ordinators would not be members of the National Executive they would play an invaluable role within HLA. Primarily, Liaison Co-ordinators would:

- channel local and national issues to and from the HLA Executive
- foster local networking by means such as the organisation of a schedule of local meetings, or use of an email distribution list
- be a point of contact for the schedule / venue of meetings
- provide brief reports to meetings from HLA Executive and solicit any issues to be reported back to HLA Executive
- encourage the growth of ALIA / HLA personal and institutional membership
- generate or encourage the generation of regional contributions to the HLA national newsletter

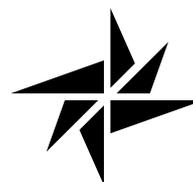
Members have indicated they value the opportunity for local networking. Regular meetings are a

good way to provide such opportunities and may be organised with relatively little effort. It is not expected that the Liaison Co-ordinator would necessarily need to take on all the work of such organisation. The main role would be to establish a schedule of meetings for the year, and find librarians willing to host and organise the actual events. The LIS professional organising the meeting would be responsible for:

- advertising the event (on ALIAhealth or other local distribution lists)
- selecting the topics and arranging speakers (these will generally be local speakers who require no fees or other costs to be covered)
- catering
- recovering any costs directly from participants at the event (no ALIA bookkeeping / accounts required)

The work involved is not onerous. So if you enjoy networking and having an ear to the ground please consider taking on the role of Liaison Co-ordinator for your state or region. You would be perfect!

For more information or to volunteer, please contact a member of the HLA Executive. Contact details can be found in Vital Link <http://www.alia.org.au/vital.link.html>



### DETAILS

#### Published by

Health Libraries Australia –  
A group of the Australian Library and  
Information Association  
PO Box E441, Kingston ACT 2604

#### Editor

Patrick O'Connor  
Tel: (07) 4920 6525  
Fax: (07) 4927 4978  
Email:  
[patrick\\_o'connor@health.qld.gov.au](mailto:patrick_o'connor@health.qld.gov.au)

#### Contributions

Contributions to this newsletter are welcome. Please send by email or fax to the editor (details as above).  
See the newsletter online at  
<http://www.alia.org.au/members-only/groups/healthnat>



**Discover** the titles that get overlooked – with EBSCO's **new A-to-Z service.**

**EBSCO**  
INFORMATION SERVICES

Tel: (02) 9922-5600 • Fax: (02) 9922-6659 • Email: [ess-au@ebSCO.com](mailto:ess-au@ebSCO.com)

CUSTOMER FOCUSED CONTENT DRIVEN